

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BZ	877	03-14-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date	
Final	Original	
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50	✓	

Claim	Date	
Final	Original	
51	N	
52	N	
53	N	
54	N	
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56	N	
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Claim	Date	
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If more than 150 claims or 10 actions  
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